Nov. /. 2013 3:15PM	No. 9069 P. 3/12
247594	Posted 11-7-13@409pm
STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case)) PUBLIC SERVICE COMMISSION \(\subseteq \ell \)
Example: Application for a Class C Charter Certificate from) OF SOUTH CAROLINA
John Doe dba Doe's Limo) TRANSPORTATION COVER SHEET
SAM WILSON JE Low Country Thansportual Com	
Transportation	DOCKET 2013 408 T
) NUMBER:
) If this is your first time filing an application with the PSC, you will not
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
(Please type or print)) and should be entered above.
Submitted by: SAM WILSONS JK	Telephone: (843) 860-502
Address: 6625 Don Chester Rol Lot	#206Fax:
North Charleston, SC 299	•
70.0.10	Email: Petenice 1168 Gmail.com
NOTE: The cover sheet and information contained herein neither r	eplaces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Serbe filled out completely.	vice Commission of South Carolina for the purpose of docketing and must
	ION (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency NOV 0 7 20	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods CLERK'S OFFICE	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	☐ Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certific	cate Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: NOV-6-2013
C	LASS C - CHARTER
_	oplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name SAM WILSON JR LOW COUNTRY TRANS PORTATION Glo 25 Portchester Rol Lot Zola Nichas, SC 29418 Street Address of Applicant
_	
•	Mailing Address of Applicant (if different from street address) (843) 860-502 Phone Fax
-	Petenice 168 A GMATI, Com Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one) [Note: Individual Owner/Sole Proprietorship]
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applica	tìon is	Filed:
Month	Nov	Year	2013

Assets:	
Cash	\$ 500,00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	414,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	•
Total Assets*	14.500
Liabilities and Equity:	
Accounts Payable	
Notes Payable	561. 24
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	# 14,000

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 2:00 pre mile \$45:00 pre Hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passenge to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.	
1-7 Passengers, including driver	
8-15 Passengers, including driver	

MAKE	YEAR &	MODEL	VIN# _	EMPTY W	EIGHT
Cadillac	2008	CTS	166DJ577480153560	3823	10
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		<u> </u>			
				577	

INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote i	s for:
_ SAM WILSON TR	Low Country TRANS PORTATION
	Name of Apolicant
6625 Donchester	
	Address of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$3	170.25 Limits
The above quoted premium is fo	or a term of 12 months.
Minimum Limits - Intrastate (Only:
1-7 Passengers* 8-15 Passengers*	\$ 25,000/50,000/25,000 * Passengers = Number of seatbolts in the vehicle, including the driver's seatbelt
o 10 1 months	
· · · · · · · · · · · · · · · · · · ·	Starret Insurance Company
	Name of insurance Company
	2843-A W. Palme to St. Florence, Sc 29501 Home Office Address of Company
meets the minimum insurance lin	on's Rules and Regulations relating to insurance requirements and the above quote nits prescribed. The insurance company making this quote is authorized by the surance to do business in South Carolina.
11-4"-13	- Suchil hole
Date	Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

SAM WILSON T	Low Country TRANSPORTAtion.
2	Name of Applicant

1.	Are there currently any o	utstanding judgments aga	inst the Applicant?			
	If Yes, indicate nature of	judgement(s) against app	olicant.			
		3				*:
2.	Is Applicant familiar with carrier operations in South statutes and regulations?					
	Yes	O No	,			
3.	Is Applicant aware of the therewith?	Commission's insurance	requirements and the ins	surance premium	costs associa	ted
	Yes	O No				

Exhibit on Driver Qualifications

1.			s that all	drivers	must be a minimum of 18 years of age.
		Yes	(ON C	
2.	and su	cant understands sch record from intained in the A	the DM	V of the	copy of the driver's three (3) year driving record issued by the SC DMV state in which the driver is or has been domiciled for such period must ess office.
	•	Yes) No	
3.					history background check from the state where the driver currently lives business office.
	•	Yes	,. () No	
1.	their p	cant understands possession when of residence of tl	operatii	ng a cha	operating a vehicle under a Class C Certificate must have in ter vehicle, a valid driver's license issued by the SC DMV or the current
	•	Yes	C	No.	e 2
					,
5.	vehicl	es to drivers wh	o are reg	gistered,	Certificate holders are prohibited from employing or leasing or required to be registered, as sex offenders with the South Carolina y national registry of sex offenders.
		Yes	. () No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Sam Wilson On:
Applicant's Signature
OWNER_
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOU	TH CAROLINA)
COUNTY OF	Charleston)
ThisSWC	ORN TO BEFORE ME day of <u>November 2013</u>
Mmi Notary Public	<u> </u>
Commission Exp	ires 2/28/23